



**APPLICATION FOR VOLUNTEER MEMBERSHIP**  
**COUNTY OF YORK DEPARTMENT OF FIRE AND LIFE SAFETY**  
**DIVISION OF FIRE AND RESCUE**  
301 Goodwin Neck Road  
Post Office Box 532  
Yorktown, Virginia 23690  
(757) 890-3600



Please Print

DIVISION OF INTEREST (Please Check One): Fire\_\_\_\_ EMS\_\_\_\_ Support\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_  
Last First Middle Title

COMPLETE MAILING ADDRESS: \_\_\_\_\_  
Street Apt #/PO Box  
City State Zip

DAYTIME PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_\_ MONTHS \_\_\_\_\_ YEARS

IF YOU LIVE IN YORK COUNTY, WHAT AREA ? Tabb Grafton Yorktown Seaford Skimino Bruton

PLEASE LIST ALL ADDRESSES WITHIN THE LAST THREE YEARS (IF CURRENT ADDRESS IS LESS):

Street	City	State	Zip
Street	City	State	Zip

ARE YOU AT LEAST 18 YEARS OF AGE? \_\_\_\_ Yes \_\_\_\_ No

HAVE YOU EVER BEEN CONVICTED OF CRIME, INCLUDING DRIVING UNDER THE INFLUENCE OF ALCOHOL, BUT EXCLUDING MINOR TRAFFIC VIOLATIONS? \_\_\_\_ Yes \_\_\_\_ No

IF SO, PLEASE EXPLAIN WHY? \_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT INFORMATION

PRESENT EMPLOYER: \_\_\_\_\_

LENGTH OF SERVICE: \_\_\_\_ / \_\_\_\_ TITLE: \_\_\_\_\_  
Months Years

LIST ALL EMPLOYERS FOR LAST THREE YEARS (CONTINUE ON SEPARATE PAGE IF NECESSARY):

Name	City	State	(Area Code) Phone Number
Name	City	State	(Area Code) Phone Number
Name	City	State	(Area Code) Phone Number

EDUCATION INFORMATION
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DO YOU HAVE A HIGH SCHOOL DIPLOMA \_\_\_\_\_ OR GED \_\_\_\_\_?  
ARE YOU A COLLEGE GRADUATE? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF SO: \_\_\_\_\_  
Name of College Area of Study Type of Degree  
HAVE YOU HAD PREVIOUS EXPERIENCE WITH ANY OTHER FIRE OR EMS ORGANIZATION? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

IF SO, PLEASE LIST:

Name	City	State
Name	City	State
Name	City	State

LIST ANY CURRENT AFFILIATIONS: \_\_\_\_\_  
\_\_\_\_\_

CHECK ANY CURRENT CERTIFICATIONS HAVE YOU OBTAINED (ADD ANY NOT LISTED):  
\_\_\_\_ CPR \_\_\_\_ CPR INSTRUCTOR \_\_\_\_ EMT \_\_\_\_ EMT-ST \_\_\_\_ EMT INSTRUCTOR  
\_\_\_\_ EMT INSTRUCTOR \_\_\_\_ EVOC \_\_\_\_ EVOC INSTRUCTOR \_\_\_\_ VEH EXTRICATION  
\_\_\_\_ FIREFIGHTER I \_\_\_\_ II \_\_\_\_ III \_\_\_\_ FIREFIGHTER INSTRUCTOR

HOW DID YOU FIND OUT ABOUT OUR ORGANIZATION? \_\_\_\_ FRIEND \_\_\_\_ FIRE STATION  
\_\_\_\_ STAFF MEMBER \_\_\_\_ PAPER \_\_\_\_ RADIO \_\_\_\_ OTHER

REFERENCE INFORMATION
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PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE INDIVIDUALS THAT MAY BE CONTACTED AS A PERSONAL REFERENCE.

Name	Address	City	State	Phone Number
Name	Address	City	State	Phone Number
Name	Address	City	State	Phone Number

CERTIFICATION
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I hereby certify that the information provided by me on this application and all \*documents accompanying this application is true and accurate. I understand that falsifying any of this information is grounds for dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\*Authorization for Release of Information, No Smoking Pledge, Size Information, Physical Exam Form, Driving Record